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BOWLING CLUB APPLICATION FOR MEMBERSHIP

To be eligible for membership to the Coomealla Bowling Club

You must be a current financial member of the Coomealla Memorial Sporting Club Limited.

I hereby apply to become a member of the Coomealla Bowling Club.

Mr/Mrs/Ms/Miss _____ Christian Names
_____ Surname
Residential Address _____
_____ Post Code _____
Postal Address _____
_____ Post Code _____
Date of Birth _____ Mobile Phone Number _____
Home Phone Number _____ Work Phone Number _____
My Coomealla Club Membership Number is _____

Please tick appropriate box:

SOCIAL BOWLS	\$40.00	<input type="checkbox"/>	
LAWN BOWLS	\$102.00	<input type="checkbox"/>	FEMALE AFFILIATION
	\$102.00	<input type="checkbox"/>	MALE AFFILIATION
DUAL BOWLS	\$40.00	<input type="checkbox"/>	

I understand that my current financial intra club membership is valid until the 30th September 2019

Signature _____ Date _____

PLEASE FORWARD YOUR SUBSCRIPTION FEE WITH THIS FORM

<u>FOR OFFICE USE ONLY</u>	
Approved at Board Meeting	Date Paid _____
Signature _____	Receipt No. _____
Date _____	Accepted By _____
	Membership No. _____
Intra Club Membership Application Form expires 12 th July 2019	